

CA

08 cv 3883

SENDER: COMPLETE THIS SECTION	COMPLIEE: THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. RECEIVED If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">JUL 15 2008</p> <p style="text-align: center;">Office Of The Attorney General</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph Street, 12th Floor Chicago, IL 60601</p>	<p>3. Service Type Office Services</p> <p> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0100 0001 7313 7147</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

FILED

JUL 23 2008
JUL 23 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT